Legal Name:					
Property Name:					
Property Address:					
City:		State:	Zip:		
Property Phone:		Property Fax:			
Property E-mail Address:					
Property Website:					
Property General Manager:					
Tax ID Number:	Jurisdiction of Incorporation:				
Type of Entity:					
General Partnership	Individual Proprietor	Joint Venture			
Limited Partnership	Corporation	Trust			
Limited Liability Co.	Other				
Principal Contact Informa	ation				
Name:			Phone:		
Address:			Fax:		
City/State/Zip:			Cell Phone:		
E-mail Address:					
Entity Ownership Breakd	own Note: Own	ership breakdown must	equal 100%. Attach separate sheet if necessary.		
Name:			Title:		

% of Ownership:

Address:

City/State/Zip:						
Name:			Title:			
Address:			% of Ownership:			
City/State/Zip:						
Provide la formation						
Property Information						
ADR (USD):		Occupancy %:		# of Floors:		
# of Rooms:		# of Closed	Rooms:			
Room Type: Kings	3:	Queens:		Suites:		
Corridor Type:	Interior	Exterior	Other			
Food & Beverage Facilities / Amenities Check all that apply Restaurant Indoor Pool Lounge						
Oneon all that apply	Exercise Room	Outdoo		Gift Shop		
	Guest Laundry	Game	Room			
Do you own a computer?	Yes No	Property M System:	lanagement			
Type of Internet Connection:	DSL/Fast Access	Mode	em	Other		
Most Recent QA Score:		GDS Repr	GDS Representation:			
Year Property Opened:		If new co	If new construction property, proposed opening date:			
Has the property been updated?	Yes	If new ownership property, p		rty, proposed closing date:	proposed closing date:	
	No					
Please list what, if any, upgrades/ additions that were completed.						

Mortgage Information

Bank / Mortgage Co.:

Contact:		Phone:
Address:		
City/State/Zip:		Account #:
Outstanding Principal:		Maturity Date:
Insurance Information		
Name of Property & Casualty Insurance Company:		
Insurance Agent Information		
Company:		Phone:
Name:		Fax:
Address:		
City/State/Zip:		
The undersigned certifies that the above information given for crand its affiliates, any credit bureau or other investigating agency accompanying this Application. The undersigned authorizes all part of said investigation.	to investigate the refere	ences, statements, and other data listed or
Cobblestone Hotels, LLC reserves the right, in its sole disc deemed to have been granted a membership to operate a obligations in either party, other than with regard to Applica and Agreement.	Cobblestone Hotels Id	odging facility and there shall be no binding
Enclosed with this Preliminary Application is a check for U refundable except in the event that Application is not acceanother Cobblestone Hotels lodging facility. In that event, Cobblestone Hotels Brand Initial Fee.	epted by Cobblestone	because of proximity of Applicant's Property to
Signed:	_ Title:	Date:
Signed:	_ Title:	Date:
*Make check(s) payable to Cobblestone Hotels, LLC and remit to: Cobblestone Hotels, I		

980 American Drive | Neenah, WI 54956 | (P) 920-230-2622 | (F) 866-403-7287